



# **STATE OF INDIANA**

## **Request for Information 14-101**

**INDIANA DEPARTMENT OF ADMINISTRATION**

**On Behalf Of**

### **Indiana Family and Social Services Administration**

**Solicitation For:**

**Aged, Blind and Disabled Managed Care**

**Response Due Date: May 1, 2014**

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## **REQUEST FOR INFORMATION 14-101**

### **INTRODUCTION**

This is a Request for Information (RFI) issued by the Indiana Department of Administration (IDOA) in conjunction with the Indiana Family and Social Services Administration (FSSA) and the Indiana Office of Medicaid Policy and Planning (OMPP). This RFI requests responses from potential contractors experienced in providing Managed Care for Medicaid Aged, Blind and Disabled (ABD) populations. The responses will provide FSSA with insight into the proposed ABD Managed Care program for Indiana Medicaid and are expected to serve as a prequalification for a potential future RFP. There will not be a contract resulting directly from the RFI; however, the State expects to limit participation in a future RFP to vendors that respond to the RFI. Neither this RFI nor any response submitted hereto is to be construed as a legal offer.

### **BACKGROUND**

The State of Indiana is considering implementation of a mandatory capitated/risk-based managed care program for the ABD population. The intention is for a program serving all areas of the State with multiple vendors to ensure member choice. The projected enrollment is approximately 75,000 members, and is expected to exclude Duals, those on 1915(c) HCBS waiver programs including Indiana's Aged & Disabled Waiver, Traumatic Brain Injury Waiver, Family Supports Waiver, Community Integration and Habilitation Waiver, Psychiatric Residential Treatment Facility Transition Waiver, Money Follows the Person Program and all members residing in an institution, such as skilled nursing facilities. The breakdown of the expected enrollment is as follows:

- Care Select Non-Dual (22,000) – Individuals qualifying for Medicaid because of disability who have at least one chronic medical condition which qualifies them for enrollment in the State's current managed fee-for-service program, Care Select. These eligible chronic conditions include asthma, diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, hypertension, chronic kidney disease, severe mental illness, serious emotional disturbance and depression.
- Community Non-Dual (33,500) – Adults and children qualifying for Medicaid because of disability who reside in the community and are not enrolled in a HCBS waiver.
- MED Works Non-Dual (1,500) – Individuals age 16-64 who are working and disabled with income below 350% of the federal poverty level.
- MA-U (16,500) – SSI recipients currently enrolled in Hoosier Healthwise, Indiana's Medicaid managed care program for children, pregnant women and low-income families. These individuals will move into an ABD category effective June 1, 2014, due to Indiana's 1634 conversion which will result in auto-enrollment of all SSI recipients. Includes approximately 5,500 adults and 11,000 children.

- Spend Down (2,000) – Adults with disabilities on Indiana’s ABD spend down program today who will gain full coverage automatically effective June 1, 2014, with income eligibility changes made in connection with Indiana’s 1634 conversion and elimination of the spend-down program.

The expected services include acute and primary care, prescription drugs, behavioral health, transportation, and hospice care. The expected services exclude long-term care, dental, 1915(i), and Medicaid Rehabilitation Option services. The excluded services will be provided through separate arrangements.

The State is interested in soliciting information from qualified ABD Managed Care vendors capable of leveraging experience managing ABD populations through a capitated/risk-based structure, to inform program design for Indiana Medicaid.

The State is seeking to evaluate the potential of instituting an ABD Managed Care program through learning more about the following:

- Vendor background and experience in ABD Managed Care
- Vendor capabilities including minimum enrollment requirements, geographic reach, implementation timeframes, etc.
- Program Design suggestions including ABD considerations, optimal number of MCOs, incentive programs, implementation strategies, etc.

## **OBJECTIVES**

The goal of this RFI is to provide prospective Respondents with general information regarding OMPP’s goals to administer an ABD Managed Care program and to solicit Respondent information that will assist FSSA in developing an ABD Managed Care procurement and the necessary requirements. **Please note that, should the State decide to issue a solicitation to procure an ABD Managed Care program, it expects to limit participation to vendors that respond to this RFI.** An ABD Managed Care procurement will only be released at the State’s discretion, and, if released, shall include a detailed scope of work for ABD Managed Care and proposal response parameters requiring analysis. Please note that the State is still evaluating the feasibility of an ABD Managed Care program and is under no obligation to release an ABD Managed Care procurement or award a contract.

This RFI is issued to learn more about qualified vendors capable of providing ABD Managed Care services through a program customized for the State of Indiana. It is expected that a qualified vendor will establish their credentials in this area and provide input on program design.

## **RESPONSE COMPONENTS**

Respondents should include a transmittal letter that indicates their organization satisfies the requirements that follow. Responses from entities that do not satisfy all requirements may be rejected.

1. Respondents must have experience administering ABD Managed Care services in at least one (1) state through a capitated/risk-based model or else demonstrate their knowledge and expertise specific to both ABD Managed Care and Medicaid programs.
2. Respondents must describe their capabilities to implement a capitated/risk-based model to administer Medicaid ABD Managed Care services.
3. Respondents must describe the likely challenges in implementing such a program.
4. Respondents must provide program design suggestions in response to questions posed by the State in this RFI.

## **RESPONSE FORMAT**

Respondents must indicate in their transmittal letter that their organization has satisfied the requirements described in the “Response Components” section of this document. Additionally, respondents must submit narrative responses addressing each of the requirements and the response prompts outlined below. Respondents that do not submit narrative responses may be disqualified from this RFI for submitting an incomplete response.

In the interest of time, the State has a strong desire to receive and review condensed, content rich responses. To maintain this objectivity and brevity, the State has established a structured format for vendor responses to the RFI requirements. All narrative responses must be provided to the State in Microsoft Word format. Narrative responses should be limited to 15 single-spaced pages written with a font size no smaller than 10 point. Supplemental materials can be submitted in your response, and will not count against the page number limit noted above for the narrative response. However, the State may choose not to review these items.

<b>Section</b>	<b>Notes</b>
Background and Experience (3 page limit)	<ul style="list-style-type: none"> <li>- Briefly describe your firm and its ABD Managed Care offerings.</li> <li>- Describe your firm's ownership structure and for-profit status.</li> <li>- Describe your experience providing ABD Managed Care services in state Medicaid programs through a capitated/risk-based model. Respondents must describe every state Medicaid ABD program they have experience with. For each state, please describe how many lives your organization covers or covered and how many other competing entities serve that population.</li> <li>- Describe how the market/industry has responded to your program.</li> <li>- Describe your experience in achieving quality targets under the programs you have administered.</li> <li>- Is your organization currently a Dual Eligible Special Needs Plan (D-SNP)? If no, are plans underway to become a D-SNP?</li> </ul>
Capabilities	<ul style="list-style-type: none"> <li>- What is the minimum enrollment required for your organization to bid on this project?</li> <li>- Is your organization positioned to operate this program on a statewide basis?</li> <li>- In what timeframe following a contract award date could your organization implement this program? Please provide any actions that the State could take that could potentially minimize the provided time requirements. Also include any risks identified that could potentially increase the provided time requirements.</li> <li>- What enhanced services would your organization propose to provide for this population?</li> <li>- What challenges would your organization and the State face in implementing ABD Managed Care in Indiana?</li> </ul>
Program Design	<ul style="list-style-type: none"> <li>- Describe program considerations that may be specific to the ABD population segment within Medicaid.</li> <li>- What unique challenges do the populations described in the background section proposed to be included in this program present for care coordination? Please describe how your company would propose addressing these challenges.</li> <li>- Given the population and projected enrollment, how many managed care organizations should be selected by the State?</li> <li>- What quality metrics should be put in place for this program? How should the State evaluate the success of the delivery model?</li> <li>- What quality metrics or incentive programs should be put in place to incentivize community-based versus institutional care?</li> <li>- What benefits should be carved-out from this program?</li> <li>- The State is considering carving in pharmacy for this program. What advantages do you think a pharmacy carve-in approach offers</li> </ul>

with this population? Would your organization be willing to utilize the State's PDL? What benefits and challenges do you perceive with this approach as it pertains to your preferred pharmacy management strategies, clinical outcomes, and cost avoidance potential? Additionally, would your organization consider contracting with the State's PBM? If the pharmacy benefit were to be carved-in to the contract after program go-live to accommodate transition issues such as DUR Board approvals, what issues and concerns would that pose for your organization?

- What implementation strategy should the State employ? For example, phased-in by population or region or statewide coverage at program go-live?

## **RESPONSE SUBMISSION INSTRUCTIONS**

Firms interested in providing information to IDOA and FSSA should submit responses via email to [rfp@idoa.in.gov](mailto:rfp@idoa.in.gov) and copy Matt Robinson at [marobinson@idoa.in.gov](mailto:marobinson@idoa.in.gov).

All responses must be received no later than **3:00 p.m. Eastern Time on Thursday, May 1, 2014**. The subject line of the email submission must clearly state the following:

### **“RESPONSE TO REQUEST FOR INFORMATION 14-101”**

Any information received after the due date and time will not be considered.

Responses will be considered public information once contracts under a subsequent RFP are awarded. If an RFP is not released or contracts are not awarded, the responses will be considered public once this decision is made.

No more than one response for the RFI per Respondent may be submitted. Should the State release an ABD Managed Care procurement, no more than one proposal per Respondent may be submitted as well.

The State accepts no obligations for costs incurred by Respondents in anticipation of being awarded a contract.

Please note that Matt Robinson is the State's single point of contact for this RFI. **Inquiries are not to be directed to any staff member of FSSA.** Such action may disqualify Respondent from further consideration for a contract resulting from this RFI.

If it becomes necessary to revise any part of this RFI, or if additional information is necessary for a clearer interpretation of provisions of this RFI prior to the due date for submissions, an addendum will be posted on the IDOA website.

**Clarifications and Discussions:** The State reserves the right to request clarifications on information submitted to the State. The State also reserves the right to conduct discussions, either oral or written, with Respondents.

The Procurement Division will schedule all discussions. Any information gathered through oral discussions must be confirmed in writing.

**Key Dates:** The following timeline is only an illustration of this RFI process. The dates associated with each step are not to be considered binding. These dates are commonly subject to change.

***Anticipated RFI Dates:***

Activity	Date
Issue of the RFI	April 16, 2014
Due Date for RFI Submissions	May 1, 2014

**QUALIFICATION CRITERIA**

RFI submissions will be evaluated by the State. Respondents may be invited to participate in an ABD Managed Care procurement, if and when the State releases it.

***Summary of Qualification Criteria:***

Criteria	Rating
1. Respondents must have experience administering Medicaid ABD Managed Care services in at least one (1) state through a capitated/risk-based model, or else demonstrate their knowledge and expertise specific to both ABD Managed Care and Medicaid programs.	<b>Responsive/Non-Responsive</b>
2. Respondents must describe their capabilities to implement a capitated/risk-based model to administer Medicaid ABD Managed Care services; in addition, Respondents must describe the likely challenges in implementing such a program.	<b>Responsive/Non-Responsive</b>
3. Respondents must provide program design suggestions in response to questions posed by the State in this RFI.	<b>Responsive/Non-Responsive</b>

### Step 1

All responses will be evaluated to ensure that they are complete and adhere to Response Components on a responsive/non-responsive basis. Any responses not meeting the Response Components may be removed from consideration for an ABD Managed Care procurement, if and when it is released by the State.

Step 1 may include one or more rounds of discussions focused on clarifying response elements.

### Step 2

The qualified Respondents may be recommended to participate in an ABD Managed Care procurement, should the State release it.

The Secretary of FSSA will exercise sole discretion in determining which RFI submission(s) are responsive. The exercise of this discretion will be final.